

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Portman For Senate Committee

Full Name (Last, First, Middle Initial)

A. Emily Cartellone

Mailing Address 4498 McNamara Place

City Lewis Center State OH Zip Code 43035-6914

Purpose of Disbursement
Reimbursement: See Below

001
Category/
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Amount of Each Disbursement this Period

178.57

Transaction ID : B-E-61679

Original vendors exceeding reporting threshold itemize as memo transactions.

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 59 Meadow Park Avenue

City Lewis Center State OH Zip Code 43035-9476

Purpose of Disbursement
Office Supplies

001
Category/
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Amount of Each Disbursement this Period

100.57

Transaction ID : B-S-6477

[MEMO ITEM]

Subitemization of Emily Cartellone(07/21/15)

Full Name (Last, First, Middle Initial)

c. Emily Cartellone

Mailing Address 4498 McNamara Place

City Lewis Center State OH Zip Code 43035-6914

Purpose of Disbursement
Reimbursement: See Below

001
Category/
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Amount of Each Disbursement this Period

120.89

Transaction ID : B-E-64122

Original vendors exceeding reporting threshold itemize as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

299.46